

Appendix 3

Wisconsin Medicaid Case Management Agency Self-Audit Checklist

This form is a self-audit checklist for case management policies only. Refer to the Provider Rights and Responsibilities section of the All-Provider Handbook for additional provider requirements. Use of this form is strictly voluntary.

Recipient: _____

Date: _____

Agency: _____

Checklist completed by: _____

1. AGENCY REQUIREMENTS	YES	NO
The agency has accurately designated the target population(s) it will be serving.		
Written procedures are in place for determining and documenting a case manager's qualifications.		
Agency is in compliance with the Provider Rights and Responsibilities section of the All-Provider Handbook.		
A signature page is in the recipient's file, if initials are used in the documentation.		
2. RECIPIENT INFORMATION		
The client is Medicaid eligible and meets the definition of one or more of the target populations the agency has elected to serve.		
The person is not receiving Medicaid-covered hospital or nursing home services at the time the case management services are being provided, except when institutional discharge planning services are provided.		
For severely emotionally disturbed (SED) persons under age 21, there is documentation of the three-member team's (including a psychiatrist or psychologist) SED finding or the evidence that the child has been admitted to an integrated services project under s. 46.56, Wis. Stats.		
3. ASSESSMENT		
The following information, as appropriate, is completed and in the recipient's case file:		
a. Recipient identifying information (for example, the "Face Sheet").		
b. Record of physical and mental health assessments and consideration of potential for rehabilitation.		
c. A review of the recipient's performance in carrying out activities of daily living, such as mobility levels, personal care, household chores, personal business, and the amount of assistance required.		
d. Social interactive skills and activities.		
e. Record of psychiatric symptomatology and mental and emotional status.		
f. Identification of social relationships and support (informal caregivers, i.e., family, friends, volunteers; formal service providers; significant issues in relationships; social environments).		
g. A description of the recipient's physical environment, especially regarding in-home mobility and accessibility.		
h. In-depth financial resource analysis, including identification of, and coordination with, insurance, veteran's benefits, and other sources of financial assistance.		
i. Vocational and educational status and daily structure, if appropriate (prognosis for employment; educational/vocational needs; appropriateness and availability of educational, rehabilitational, and vocational programs).		
j. Legal status, if appropriate (guardian relationships, involvement with the legal system).		

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3. ASSESSMENT (CONT.)		YES	NO
k.	For any recipient under age 21 identified as SED, a record of the multi-disciplinary team evaluation required under s. 49.45(25), Wis. Stats.		
l.	The recipient's need for housing, residential support, adaptive equipment, and assistance with decision making.		
m.	Assessment of drug and/or alcohol use and misuse for recipients indicating possible alcohol and drug dependency.		
n.	Accessibility to community resources that the recipient needs or wants.		
o.	For families with children at risk, an assessment of other family members, as appropriate.		
p.	For families with children at risk, an assessment of family functioning.		
q.	For families with children at risk, identification of other case managers working with the family and their responsibilities.		
4. CASE PLAN DEVELOPMENT			
The recipient's file contains a written case plan identifying the short- and long-term goals and includes the following information (for families with children at risk, the plan should address the Medicaid-eligible child and services to other Medicaid-eligible family members):			
a.	Problems identified during the assessment.		
b.	Goals to be achieved.		
c.	Identification of formal services to be arranged for the recipient, including names of the service providers and costs.		
d.	Development of a support system, including a description of the recipient's informal support system.		
e.	Identification of individuals who participated in developing the plan of care.		
f.	Schedule of initiation and frequency of various services arranged.		
g.	Documentation of unmet needs and gaps in service.		
h.	For families with children at risk, identification of how services will be coordinated by multiple case managers working with the family (if applicable).		
i.	Frequency of monitoring by the case manager.		
j.	The case plan is signed and dated. Each update to the case plan must be signed and dated.		
5. ONGOING MONITORING AND SERVICE COORDINATION			
a.	For ongoing monitoring and service coordination, there is one, identified individual who serves as the case manager and is known and available to the recipient.		
b.	All recipient collateral contacts, including travel time incurred to provide case management services, are recorded in the case file.		
c.	All record keeping necessary for case planning, coordination, and service monitoring is recorded in the recipient's file.		
d.	There has been at least one documented recipient or collateral contact, case-specific staffing, or formal case consultation during a month when time was billed for record keeping.		
e.	The case manager has monitored the recipient and collaterals according to the frequency identified in the case plan.		
f.	The case manager has signed (or initialed) and dated all entries in the recipient's file.		

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6. DISCHARGE PLANNING		YES	NO
a. Discharge-related case management services billed on a recipient's behalf who has entered a hospital inpatient unit, nursing facility, or ICF/MR (following an initial assessment or case plan) have been billed under procedure code W7062.			
b. Discharge planning services were provided within 30 days of discharge.			
c. Services billed as discharge planning do not duplicate discharge planning services that the institution normally is expected to provide as part of inpatient services.			
7. MAINTENANCE OF CASE RECORDS			
A written record of all monitoring and quality assurance activities is included in the recipient's file and has the following:			
a. Name of recipient.			
b. The full name and title of the person who made the contact. If initials are used in the case records, the file includes a signature page showing the full name.			
c. The content of the contact.			
d. Why the contact was made.			
e. How much time was spent.			
f. The date the contact was made.			
g. Where the contact was made.			
8. BILLING REQUIREMENTS			
One of the following activities has been performed prior to billing for targeted case management:			
a. Face-to-face and telephone contacts with the recipient:			
• To assess or reassess needs.			
• To plan or monitor services to ensure access or adequacy of services.			
• To monitor recipient satisfaction with care.			
b. Face-to-face and telephone contact with collaterals (paid providers, family members, guardians, housemates, school representatives, friends, volunteers, or others involved with the client):			
• To mobilize services and support.			
• To educate collateral of the needs, goals, and services identified in the plan.			
• To advocate on behalf of the recipient.			
• To evaluate/coordinate services in the plan.			
• To monitor collateral satisfaction or participation in recipient care.			
9. NONBILLABLE SERVICES			
Wisconsin Medicaid does not cover the following as Medicaid case management services:			
a. Diagnosis, evaluation, or treatment of a physical, dental, or mental illness.			
b. Monitoring of clinical symptoms.			
c. Administration of medication.			
d. Recipient education and training.			
e. Legal advocacy by an attorney or paralegal.			
f. Provision of supportive home care, home health care, or personal care.			
g. Information and referral services which are not based on a recipient's plan of care.			

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9. NONBILLABLE SERVICES (CONT.)		YES	NO
h.	Ongoing monitoring to a resident of a Medicaid-funded hospital, SNF, ICF, or ICF-MR, except for the 30 days before discharge.		
i.	Case management to Medicaid waiver recipients, except for the first month of waiver eligibility.		
j.	Duplicative discharge planning from an institution.		
k.	Services other than case management covered under Wisconsin Medicaid.		
l.	For Group A target populations, more than one assessment or case plan per year with no change in county of residence.		
m.	For Group A target populations, more than two assessments or case plans per year with a change in county of residence.		
n.	For Group B target populations, more than two assessments or case plans per year.		
o.	Costs for more than one case manager (unless there is a qualified temporary replacement).		
p.	Services during periods in which the recipient was not Medicaid eligible, including periods of time when a recipient is detained by the legal process, is in jail or other secure detention, or when an individual 22 to 64 years of age is in an IMD.		
q.	Interpreter services.		
r.	Case management to recipients enrolled in Family Care, special managed care programs, or a community support program (CSP).		
s.	Any service not specifically listed as covered in the Case Management Services Handbook.		

NOTE: In sections 1 through 8 of this checklist, the answers should be "yes." Answers to section 9 should be "no."